

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

14038

1844

FILED APR 25 1953

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>1720 Corrington</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First)		b. (Middle)		c. (Last) <u>BERBERICH II</u>	
4. DATE OF DEATH <u>4/5/53</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12/9/1908</u>		9. AGE (in years last birthday) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M O P E</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Berberich, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Spahn</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Ensle Berberich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>709-16-2087</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mattie Berberich, 1720 Corrington</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerular nephritis with uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertensive cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>  <u>593X</u>  <u>6 months</u>	
19a. DATE OF OPERATION <u>2/23/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Normal gallbladder--no stone in common duct</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 7, 1952</u> , to <u>April 5, 1953</u> , that I last saw the deceased alive on <u>April 5, 1953</u> , and that death occurred at <u>1:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Castle</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>1002 Argyle Building</u>		23c. DATE SIGNED <u>4/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*J. P. Shul*

Licensed Embalmer No...362...

P. O. Address...K.C. Mo...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.